

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533048

APPLICANT(S)

FILED BY

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	①		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
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TOTAL IND.			1			
TOTAL DEP.		26				
TOTAL CLAIMS		27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.		26				
TOTAL CLAIMS		27				